

WINCHESTER RURAL



DISTRICT COUNCIL

---

# ANNUAL REPORT

on the

## Health of the Rural District

FOR THE YEAR 1954

by

JOHN L. FARMER,

M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

Medical Officer of Health,

and

FRANK HURST,

M.S.I.A., C.R.S.I.

Senior Sanitary Inspector



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THE RURAL DISTRICT COUNCIL OF WINCHESTER

(as at 31st December, 1954)

Chairman of the Council:

+ Vice-Admiral E.J. HARDMAN JONES, C.B., O.B.E., J.P.

Vice-Chairman of the Council:

+ Miss E.A. CHAMBERLAYNE, M.B.E., J.P.

Members of the Council:

+ Mr. W.H. ABRAHAM	+ Mr. A.W. JURD
+ Mrs. E.C. BIDEN	Major H. KENDALL, M.M., M.S.M.
Mr. B. BIGNELL	Commdr. E.H. KITSON, R.N.
Mr. F.H. BOOTH	Col. G.S. LEVENTHORPE, D.S.O.
+ Miss E.A. BUCHANAN-RIDDELL	Mr. N.J.P. LEWER
+ Mr. G. CAMERON-BLACK	+ Mr. C.H. LEWRY
Mr. J. COCKRAM	Mr. G.F. LONGMAN
+ Mr. J.H. COOK	Lieut.Col. Sir William MAKINS,
+ Sir George COOPER, Bart., J.P., D.L.,	Mr. J.S. MATTHEWS Bart.
(Chairman of the Health Committee)	+ Miss W.L. MOODY, J.P.
Mr. R.F.H. COWEN	+ Mr. W.G. MOORE
+ Mr. G.E.S. CUBITT, C.B.E., J.P.	+ Mr. R.H. MORTIMER
Col. W.P.S. CURTIS, O.B.E., D.L.	Mr. G.C. PAIN, J.P.
Mr. C.C.R. DIXON	Mr. D.G. PUMFRETT
Mr. A.N. DOWLING	Mrs. F. ROUTH
Mr. P.J. EDMONDS	Mr. W.J. SCRASE
Lieut.Col. J.F. EDWARDS, O.B.E.	+ Mrs. P.M. SMITH
+ Mr. W. FOX	+ Mr. C. STOCKWELL
+ Mr. J. FRAY	Col. G.C. STOCKWELL
Mr. C.R. HARRISON	Mr. W. TURNER
Mr. G.F. HOLMES	+ Miss I.F.G. WALKER
Mr. F.H. JUPE	+ Mr. C. WATTS, J.P., C.C.
	Mrs. G. WEBSTER.

+ Member of the Health Committee.

Clerk of the Council:

Mr. R.W. PARTINGTON







May, 1955.

To the Chairman and Members  
of the Health Committee,  
Winchester Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my ninth Annual Report on the health and sanitary circumstances of the Rural District.

A detailed account of the work of the Department is given in the various sections of the Report. The final part, which describes more fully the work of the Sanitary Inspectors, has been contributed by the Senior Sanitary Inspector, Mr. Hurst.

I insert here a few general comments on points of interest, most of which are dealt with in more detail subsequently.

#### Population and Area.

At mid-1954, the population of the Rural District has been estimated to be 42,540, a fall of 5,620 from 1953. The drop is due to the transfer during the year to the Southampton County Borough of the Hightown part of the Parish of Hound and the Thornhill and Harefield areas of the Parish of West End. In all, the area of the Rural District was reduced by 824 acres and a rateable value of £41,000 from about 2,400 assessments transferred to Southampton. The estimated penny rate product of the Rural District for the financial year 1955-56 was reduced, it was estimated, from £1,319 to £1,155.

#### Infectious Diseases.

Once more, no case of diphtheria was notified. Whooping cough was more rife than usual, the incidence varying only to a small degree from year to year. The possibility in 1955 of a Whooping Cough Immunisation Scheme on much the same lines as for diphtheria is welcome news; in later years, the number of notifications will reflect its efficacy. New cases of tuberculosis notified do not diminish in number; it can be claimed, however, that with more intensive "contact" tracing and the use of mass miniature radiography, cases are coming to light both in greater numbers and at an earlier stage than in past years. Reduction in the death rate from tuberculosis is not sufficient; nor is treatment of the infectious case. Measures such as advice on ventilation, sleeping arrangements, control of spitting, after-care of the patient - all within the province of the authority - are of the highest importance.

#### Deaths.

Study of the death returns will show that heart and circulatory diseases are the chief cause. The second largest group includes cancer. The total number of deaths shows a fall in proportion to the drop in the population of the district. There is no doubt that the larger number of deaths attributable to heart and circulatory diseases can be ascribed to increased stress, the greater intensity in the rate of living and the rising proportion of people in the population in the middle and later age groups of life.

#### Housing.

During 1954, the number of permanent houses and flats completed in England and Wales was 347,605. In this district the figure was 662. Five years



So, I report at some length on the subject of housing in relation to health. The increased provision, therefore, of private and council houses during the year is most welcome and will be reflected in an improvement generally - though impossible to measure statistically - in the health of the people. Encouragement, by various types of loans, is given to the prospective private house-owner and many avail themselves of the provision. Others, on the waiting list for council houses, willing and able to pay the rent and continuing in optimistic mood to wait their turn, hesitate to embark on what to them is the uncharted sea of house ownership. There is in the community a group, who, though financially competent to rent a council house, do not feel disposed to accept such a responsibility. In some cases, ignorance is the cause; in others, a feeling of financial insecurity and a fear of inability to make repayment of a loan. One is forced to enquire if sufficient publicity is given to the schemes available to such a group of potential house-owners - in language they can understand and with concrete instances, using simple financial terms and figures.

The activities of the Housing Committee, restricted as they are in the provision of new houses and directed more to the improvement and maintenance of the existing, are praiseworthy. The increasing proportion of old people in the community is being recognised by the provision of bungalows; apart from the elderly, there are other groups who require such provision, whose applications are supported by medical certificates of diverse character - from the lady with a horror of stairs, the gentleman with the wooden leg who finds one-floor accommodation more suitable, the mother of a large family with the early failing heart, to the unusual applicant who claimed that in this age of electronics, the nearer he was to Mother Earth the safer he felt. The assessment of the medical claim is at times no simple matter.

#### General.

Prevention is better than cure. The Health Service, concerned as it is with the cure of the ill and the discovery of better means of treatment, dwarfs, by its cost and dramatic appeal, the preventive services. As important is the investigation of causes of illness and their prevention.

The two services should go together; they are not rivals in the advancement of health. The more people who can be kept well, the smaller the demand on the curative services and the less the economic loss to the nation. So accustomed have we become to improvements in the national health that we take them for granted. The local council need not offer any apology for their share in the fight against disease. By the provision of a proper water supply, by sewerage schemes, whether new or modifications of existing services, by better and more housing, by ensuring a safe milk supply and by offering immunisation facilities and health education, they are taking a full part in promoting community health.

It is easy to forget that such diseases as typhoid have been made rare by the work of the public health service. Concentration has tended to be, in the past, on the environment and infectious diseases. There is now a greater need to study all the factors which might affect the health of the community and to apply to all health problems the methods which have been instrumental in reducing infectious diseases. For this to be achieved, the health services require integration. At present, the knowledge is there but it lacks co-ordination.

I acknowledge the assistance given by the Sanitary Inspectors and the clerical staff and, in concluding, would like to thank the Chairman and Members of the Health Committee for their kind consideration throughout the year.

I am,

Your obedient Servant,

JOHN L. FARMER

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES  
IN THE DISTRICT.

Public Health Officers:

Medical Officer of Health:

JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

Senior Sanitary Inspector:

FRANK HURST, M.S.I.A., C.R.S.I.

District Sanitary Inspectors:

S.H. BEYER, M.S.I.A., C.S.I.B.  
H.J. SMITH, M.S.I.A., C.S.I.B.

Clerical Staff:

C.B. ASHMAN.  
Miss E.D. McHUGH (to 31.10.54)  
Miss S.M. HITCHINGS (from 1.11.54)

Rodent Officer:

T. SAWKINS.

Agricultural Rodent Inspector:

O.J. NORRIS.

Rodent Operatives:

L. GOODEVE.  
A. HOLEY.  
F. PASQUE.  
Miss B. START.  
Mrs. K. UNDERWOOD.

Engineer and Surveyor's Department:

Engineer and Surveyor:

A.J.R. WATTS, A.F.A.S.

Deputy Engineer:

F.G. SMITH, A.M.Inst.H.E.

Deputy Surveyor:

L.R. NIPPIERD, A.F.S.E.

Water Department:

Water Engineer:

R.J. CAMERON-STOBIE, B.Sc., A.M.I.C.E., A.M.I.H.E.



### Laboratory Services.

Laboratory examinations relating to Bacteriology and Epidemiology are carried out by the Public Health Laboratory located at the Royal Hampshire County Hospital, Winchester (telephone: 3807). The Director of the Public Health Laboratory is Dr. H.T. Findlay. Chemical analyses, e.g. of water, sewage, etc. are carried out by the Analyst employed by Southampton County Borough Council.

### Ambulance Service.

Under Section 27 of the National Health Service Act, the County Council is required to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness and mental deficiency, or expectant or nursing mothers, from places in their area to places in or outside their area.

The district is served by ambulances stationed at Winchester (main station), Eastleigh, Romsey, Broughton, Andover, Whitchurch, Basingstoke, Alton and Hedge End (sub-stations). The control point for the district (excepting the parishes of Botley, Bursledon, Hamble, Hedge End, Hound and West End) is the main station at Kingsley Place, Stanmore, Winchester (telephone: 2536). For the six southern parishes the control point is the main station at Fareham (telephone: Fareham 2170). Calls for ambulances are not accepted at the sub-stations.

If an ambulance is required in an emergency, the caller should ask for "Ambulance" and the telephone exchange will connect with the nearest main station immediately. The station will then deal with the call by sending the nearest available ambulance.

### Hospitals.

In July, 1948, practically all hospitals were transferred to the Ministry of Health and put under the control of the Regional Hospital Boards; in the case of Hampshire, under the South-West Metropolitan Regional Hospital Board. The Board is again divided into areas and the Hospital Management Committees have been established for local administration.

To assist in admissions, a Bed Service Office has been set up at the Royal Hampshire County Hospital, Winchester. This office serves, among others, the following:

Royal Hampshire County Hospital, Winchester.  
War Memorial Hospital, Andover.  
Crabwood Smallpox Hospital, Winchester.  
Victoria Hospital, Winchester.  
St. Paul's Hospital, Winchester.

The following procedure applies for the admission of:

#### (a) Acutely Ill Patients

Doctors may apply direct to the hospital of their choice for the admission of such a patient. In the event of difficulty, or if they require assistance, they apply to the Winchester Bed Service Office. This office is open day and night (telephone: Winchester 2261 and 2262 (between the hours of 8 a.m. and 10 p.m.) or Winchester 5151 (between the hours of 10 p.m. and 8 a.m.)) Demands for beds can be made there at any time.



(b) Chronic Sick.

There is a shortage of beds for such patients and it is therefore necessary to take into consideration the social as well as the medical condition of the patients.

In the event of a bed not being vacant, the Winchester Bed Service will place the patient's name on the waiting list and indicate medical or social priority, as the case may be. In the area of the Winchester Group Hospital Management Committee, if the predominant need for admission is on social grounds, the Hospital Social Worker will investigate the home conditions. As soon as a vacancy is found for the patient, the practitioner is informed and asked to confirm that admission is still required and that the patient can travel by ambulance. On receipt of such confirmation, arrangements for the transfer of the patient to the hospital will be undertaken by the Winchester Bed Service.

The County Welfare Officer has still a great deal to do with the home conditions of persons who are old or handicapped. If it is found that a person who had originally asked to be considered for admission to an Old People's Home is really a hospital case, the County Welfare Officer arranges that the person's name is included on the hospital waiting list.

(c) Infectious Diseases.

Cases of infectious disease from the northern and central areas of this District are admitted to the Victoria Hospital, Winchester, situated within the City of Winchester. From the southern area, they go to the Southampton Isolation Hospital.

It is not the intention that uncomplicated cases of measles, chicken-pox, scarlet fever, german measles or mumps shall be admitted to infectious diseases hospitals unless the Medical Officer of Health supports such admissions. Applications should, in such cases, be made through the Medical Officer of Health.

Suspected cases of smallpox are reported in the first instance to the local Medical Officer of Health, who will arrange admission, if necessary, by notifying, in this area, the Winchester Bed Service.

(d) Maternity.

Arrangements for urgent admission of abnormal cases are made by the general practitioner through the maternity department of the hospital. Non-urgent cases are seen at a consultant antenatal clinic. Patients for whom admission is required on social grounds are referred by general practitioners to the County Medical Officer.

(e) Psychiatric Cases.

Doctors normally make an appointment for the patient to be seen at an appropriate hospital. In acute cases, where urgent action is required, and provided the patient is willing to enter hospital as a vol-

untary patient, arrangements should be made direct with the mental hospital concerned. Should the patient be unwilling to enter hospital, the assistance of the Duly Authorised Officer is sought. He will make any necessary arrangements for the patient's admission to a mental hospital or a hospital recognised for the purpose of a three-day Order. Information concerning officers in this District may be obtained from the County Medical Officer.

(f) Mental Defectives.

Where institutional care is required, the County Medical Officer approaches the appropriate institution according to the recognised catchment area arrangements made by the Regional Hospital Board.

(g) Tuberculosis.

All recommendations for the admission of tuberculous patients are normally made through the chest physicians who make appropriate recommendations concerning sanatorium or other treatment.

(h) Convalescence.

Applications for convalescent treatment are normally made through the Hospital Service.

Specialist Services in the Home.

Consultants and specialists are available for domiciliary consultations in those cases in which the patient's condition renders it essential on medical grounds.

Mass Miniature Radiography.

Information regarding the services available can be obtained from the Medical Director, Mass Radiography Centre, Archers Road, Southampton.

Clinics.

Clinics are held as follows:

(a) Ante-natal Clinics.

EASTLEIGH	Red House, Romsey Road	1st, 2nd and 3rd Mondays at 2 p.m.
HAMBLE	Memorial Hall	4th Wednesday at 2 p.m.
WEST END	Parish Hall	1st Tuesday at 2 p.m.



(b) Child Welfare Clinics.

<u>Centre</u>	<u>Hall</u>	<u>Days</u>
ALRESFORD .....	Methodist Church Hall	1st and 3rd Tuesdays
CHERITON .....	Parish Hall .....	1st and 3rd Fridays
CRAWLEY .....	Village Hall .....	2nd Friday
ITCHEN ABBAS ....	Village Hall .....	2nd Thursday
KING'S WORTHY ...	British Legion Hall	2nd and 4th Thursdays
MICHELDEVER .....	Northbrook Hall ....	3rd Thursday
SUTTON SCOTNEY ..	Victoria Hall .....	3rd Tuesday
WORTHY DOWN .....	Camp Hut .....	2nd and 4th Mondays
COLDEN COMMON ...	Parish Hall .....	2nd Tuesday
OWSLEBURY .....	Village Hall .....	1st Thursday
TWYFORD .....	The Surgery, Queen Street.....	1st Tuesday
BOTLEY .....	The Catherine Wheel	1st and 3rd Wednesdays
BURSLEDON .....	Parish Hall .....	3rd Tuesday
FAIR OAK .....	Women's Hall .....	2nd and 4th Thursdays
HAMBLE .....	Memorial Hall .....	2nd and 4th Mondays.
HEDGE END .....	St. John's Rooms ...	2nd and 4th Tuesdays
NETLEY .....	Jubilee Hall .....	1st and 3rd Wednesdays
OLD NETLEY .....	Old Reading Rooms ..	1st and 3rd Thursdays
WEST END .....	Parish Hall .....	2nd and 4th Wednesdays

All Child Welfare Clinics are held from 2 p.m. to 4 p.m.

(c) Tuberculosis Clinics.

WINCHESTER .....	County Medical Department, The Castle, Winchester.	Wednesdays and Thursdays at 10 a.m. Wednesdays at 2.30 p.m. for new cases.
EASTLEIGH .....	The Mount Sanatorium, Bishopstoke	Tuesdays and Fridays at 9.30 a.m. Tuesdays at 2 p.m. for new cases.

(d) Venereal Diseases Clinics.

WINCHESTER .....	Royal Hampshire County Hospital	Males: Saturdays at 10 a.m. Females: Tuesdays at 2 p.m.
SOUTHAMPTON .....	Males: 1, Cardigan Road (off New Road)  Females: Health Centre, Kings Park Road	Daily at 9 a.m. Mondays to Fridays at 5 p.m.  Mondays at 10 a.m. Tuesdays, Thursdays and Fridays, 2 p.m.



## School Health Services

### (e) Minor Ailments Clinics.

Cases attend clinics at Eastleigh and Winchester as follows:

EASTLEIGH	.....	Red House, Romsey Road	....	Fridays at 9.30 a.m.
WINCHESTER	.....	4, The Square	....	.... Mondays, Tuesdays and Thursdays at 9 a.m.

### (f) Orthopaedic Clinics.

Cases attend clinics at Alton, Eastleigh, Fareham, Southampton and Winchester.

### (g) Ear, Nose and Throat Clinics.

Cases attend the following:

Royal Hampshire County Hospital, Winchester.  
Royal South Hants Hospital, Southampton.  
The Children's Hospital, Southampton.

### (h) Dental Clinics.

Clinics are held in various centres for treatment of local children.

### (i) Child Guidance Clinics.

Cases attend by appointment at the following centres:

EASTLEIGH	....	Red House, Romsey Road.
WINCHESTER	....	Trafalgar House, Trafalgar Street.

### (j) Ophthalmic Clinics.

Cases attend by appointment at the following centres:

EASTLEIGH	....	Red House, Romsey Road.
WINCHESTER	....	Trafalgar House, Trafalgar Street

### (k) Speech Therapy Clinics.

Cases attend clinics at Winchester and Southampton by arrangement with the County Medical Officer.

# NURSING IN THE HOME.

The names of the District Nurses, Midwives and Health Visitors who practise in the district under the direction of the County Medical Officer are shown in the following table:-

Name and Address of Nurse	District Served	Name of Health Visitor
Mrs. O.C. Tomkins, S.R.N., S.C.M., 16, Wood Lane Close, Bramdean. Tel: Bramdean 204	Beauworth Bramdean Cheriton Kilmeston Tichborne	Miss B. Reynolds, S.R.N., S.C.M., R.S.I. Certificate
Miss S.J. Adams, S.R.N., S.C.M., Q.N., 2, Meryon Road, Alresford. Tel: Alresford 150	Bighton Bishops Sutton New Alresford Northington Old Alresford	
Miss E. Willey, S.C.M., 2, New Council Houses, Itchen Stoke. Tel: Itchen Abbas 284	Itchen Stoke and Ovington Avington and Itchen Abbas	
	Chilcombe	Miss E.K. Wilton, S.R.N., S.C.M., R.S.I. Certificate
	Martyr Worthy and Easton	Mrs. A. Noble, S.R.N., S.C.M., R.S.I. Certificate
Miss F.M. Calvert, S.R.N., S.C.M., 7, Tovey Place, Kingsworthy Tel; Winchester 4884	Abbotts Barton Kings Worthy Headbourne Worthy	
	Crawley Littleton	Miss E.K. Wilton, S.R.N., S.C.M., R.S.I. Certificate
Miss J. Maskery, S.C.M., 461, Fair Oak Road, Fair Oak. Tel: Fair Oak 71	Colden Common	
	Fair Oak	Miss E.J. Read, S.R.N., S.C.M., R.S.I. Certificate
	Otterbourne	Miss B.M. Watson, S.R.N., S.C.M., R.S.I. Certificate
Miss J.B. Wayment, S.R.N., S.C.M., Q.N., Nurses Cottage, Twyford. Tel: Twyford 3114	Compton	
	Owslebury	Miss B. Reynolds, S.R.N., S.C.M., R.S.I. Certificate
	Twyford	
Miss Hughes, S.R.N., S.C.M., Q.N. (General Nursing), 13, Taplings Road, Weeke, Winchester. Tel: 3117 Mrs. Sandys, S.R.N., S.C.M., (Midwifery), 8, Westmans Road, Weeke, Winchester. Tel: 3855	Sparsholt	Miss E.K. Wilton, S.R.N., S.C.M., R.S.I. Certificate



Nursing in the home (continued).

Name and Address of Nurse	District Served	Name of Health Visitor
Miss Dabner, S.R.N., S.C.M., (General Nursing) 13, Taplings Road, Winchester. Tel: Winchester 3117	Hursley	Miss B.M. Watson, S.R.N., S.C.M., R.S.I. Certificate
Mrs. H. Oliver, S.C.M., (Midwifery) 18, Minden Way, Winchester. Tel: Winchester 2545		
Miss G. Wagstaffe, S.R.N., S.C.M., Q.N., The Beeches, Sutton Scotney. Tel: Sutton Scotney 203	Micheldever	Mrs. J. Hutchinson, S.R.N., S.C.M., R.S.I. Certificate
	Wonston	Miss E. Brady, S.R.N., S.C.M., R.S.I. Certificate.
Miss D. Stoyell, S.C.M., "Leehurst", Botley. Tel: Botley 15	Botley	Miss P. Jenkins, S.R.N., S.C.M., R.S.I. Certificate
Mrs. G.G. Morgan, S.R.N., S.C.M., 10, St. Catherine's View, Hedge End. Tel: Botley 239	Hedge End	
Miss A. White, S.C.M., Glebe Farm, Horton Heath. Tel: Fair Oak 81	West End	
Mrs. M. Bamber, S.R.N., S.C.M., Q.N., 8, Heath Place, Butlocks Heath. Tel: Hamble 3281	Hound	
Miss F.M. Dane, S.C.M., 1, Jarvis Fields, Bursledon. Tel: Bursledon 364	Bursledon	Miss E. Chick, S.R.N., S.C.M., R.S.I. Certificate
Miss M. Morton, S.R.N., S.C.M., Q.N., 46, Verdon Avenue, Hamble. Tel: Hamble 2193	Hamble	

## STATISTICS OF THE AREA.

Area	...	...	...	...	...	109,612 acres
Rateable Value	...	...	...	...	...	£296,036
Sum represented by a penny rate	..	...	...	...	...	£1,175
Population	...	...	...	...	...	42,540
Number of inhabited houses	...	...	...	...	...	11,876

### GENERAL FEATURES.

This is the largest Rural District in Hampshire, extending for some twenty-four miles from north to south and some fifteen miles from east to west at its broadest part.

Topographically, the area is remarkably diversified, covering 109,612 acres of Central Hampshire. It embraces the valley of the River Itchen from its source in the north-east to its mouth at Southampton. To the north of Winchester the country is open and rolling and predominantly chalkland. South of Winchester the chalk dips down and the London clay comes to the surface at Colden Common and Fisher's Pond.

The whole district is mainly agricultural but, whereas in the north and east the land is mainly arable, in the parishes of Botley, Bursledon, Fair Oak, Hedge End, Hound and West End, there is a large proportion of market gardening, smallholdings and fruit-growing areas. In the Itchen Valley, which extends the whole length of the district, there is an area of land devoted to dairy farming and in the parishes of the upper part of this valley are areas devoted to water-cress growing. In the south, there are several industries, namely, Folland's Aircraft, Fairey Aviation and Shell-Mex and several boat-building firms at Hamble and Bursledon. Across Southampton Water, in the New Forest Rural District, is situated the Esso Oil Refinery.

### VITAL STATISTICS.

#### Live Births.

	1954			1953		
	M.	F.	Total	M.	F.	Total
Live births (legitimate) .....	338	336	674	418	371	789
Live births (illegitimate).....	17	11	28	15	12	27
Totals .....	355	347	702	433	383	816

The Live Birth Rate per 1,000 of the estimated population was 16.3 compared with 15.2 for the whole of England and Wales. The figure for the district for 1953 is 16.9 per 1,000 population.

In order to compare the local birth rate with that of other areas it is necessary to apply a comparability factor which, for this district, is 1.10. The standard birth rate is therefore 17.9.



Still Births.	1954			1953		
	M.	F.	Total	M.	F.	Total
Still Births (legitimate)	7	5	12	4	3	7
Still Births (illegitimate)	1	-	1	-	-	-
Toals .....	8	5	13	4	3	7

The Still Birth Rate per 1,000 total births was 18.2 compared with 24.0 for the whole of England and Wales.

#### Deaths.

Male	...	...	...	...	318
Female	...	...	...	...	280
Total	...	...	...	...	598

Excluding deaths among patients at Moorgreen Hospital, but including those whose place of residence before admission was within the Rural District, the total number for 1954 was 424, a decrease of 50 on 1953.

The change in the rules governing the transferability of deaths, introduced at the beginning of 1953, has significantly affected the crude and adjusted local death rates in those areas which contain comparatively large chronic sick hospitals. The mortality risk among the inmates of Moorgreen Hospital is undoubtedly higher than in the remainder of the Rural District's population as a whole.

The following table shows the position:

Death Rate	1954				1953
	Winchester Rural District		England and Wales	Great Towns	Winchester Rural District
	Including Moorgreen Hospital.	Excluding Moorgreen Hospital			
Crude .....	14.1	9.9	11.3	12.2	9.8
Standardised .....	11.4	8.7			8.5

Number of Deaths (including patients in Moorgreen Hospital) ..... 598

Number of Deaths (excluding patients in Moorgreen Hospital, whose place of residence before admission was not with the Winchester R.D.) ..... 424

	Causes of death						Male	Female
1.	Tuberculosis, respiratory	...	...	...	...	...	1	-
2.	Tuberculosis, other	...	...	...	...	...	-	1
3.	Syphilitic disease	...	...	...	...	...	1	1
4.	Diphtheria	...	...	...	...	...	-	-
5.	Whooping Cough	...	...	...	...	...	-	-
6.	Meningococcal infections	...	...	...	...	...	-	-
7.	Acute poliomyelitis	...	...	...	...	...	-	-
8.	Measles	...	...	...	...	...	-	-
9.	Other infective and parasitic diseases	...	...	...	...	...	-	-
10.	Malignant neoplasm, stomach	...	...	...	...	...	4	4
11.	Malignant neoplasm, lung, bronchus	...	...	...	...	...	13	-
12.	Malignant neoplasm, breast	...	...	...	...	...	-	10
13.	Malignant neoplasm, uterus	...	...	...	...	...	-	3
14.	Other malignant and lymphatic neoplasms	...	...	...	...	...	15	27
15.	Leukaemia and aleukaemia	...	...	...	...	...	1	1
16.	Diabetes	...	...	...	...	...	-	-
17.	Vascular lesions of the nervous system	...	...	...	...	...	53	34
18.	Coronary disease, angina	...	...	...	...	...	49	29
19.	Hypertension with heart disease	...	...	...	...	...	9	8
20.	Other heart disease	...	...	...	...	...	63	82
21.	Other circulatory disease	...	...	...	...	...	20	20
22.	Influenza	...	...	...	...	...	-	-
23.	Pneumonia	...	...	...	...	...	9	8
24.	Bronchitis	...	...	...	...	...	12	2
25.	Other diseases of the respiratory system	...	...	...	...	...	3	1
26.	Ulcer of stomach and duodenum	...	...	...	...	...	8	1
27.	Gastritis, enteritis and diarrhoea	...	...	...	...	...	-	-
28.	Nephritis and nephrosis	...	...	...	...	...	6	3
29.	Hyperplasia of prostate	...	...	...	...	...	6	-
30.	Pregnancy, childbirth, abortion	...	...	...	...	...	-	-
31.	Congenital malformations	...	...	...	...	...	4	3
32.	Other defined and ill-defined diseases	...	...	...	...	...	29	34
33.	Motor vehicle accidents	...	...	...	...	...	6	2
34.	All other accidents	...	...	...	...	...	4	6
35.	Suicide	...	...	...	...	...	2	-
36.	Homicide and operations of war	...	...	...	...	...	-	-
Total (all causes)							318	280



## Infant Mortality.

This is defined as the deaths under one year of age registered in the calendar year per 1,000 live births.

Deaths of infants under one year of age were as follows:-

			<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	...	...	10	6	16
Illegitimate	...	...	-	1	1
Totals	...	...	<u>10</u>	<u>7</u>	<u>17</u>

The following table shows the age and cause of deaths in infants:-

Cause	Under 1 week.	1 - 2 weeks	3 - 4 weeks	1 - 6 months	6 - 12 months	Total under one year.
Prematurity .....	5	-	1	-	-	6
Birth Injury .....	2	1	-	-	-	3
Congenital abnormalities..	1	1	-	1	-	3
Infection .....	-	-	-	3	-	3
Other .....	1	-	-	-	1	-
Totals .....	9	2	1	4	1	17

In two instances, prematurity was accompanied by birth injury, and in one case, combined with a congenital abnormality.

It is of value to analyse the infant deaths. Of the seventeen deaths in the first year of life, twelve occurred in the first month; of these, nine occurred in the first week; of these nine, eight had occurred by the third day, and of these eight, four had occurred before the end of the first day. The greatest single cause of death was prematurity, the reason for which, in most instances, has not been established. Prematurity has been responsible for nearly 4,000 deaths in the first day of life in England and Wales in 1953; the problem is, therefore, of great economic and social importance.

Most of the infant deaths occur usually in the first month of life. Schemes designed to reduce the dangers of illegitimacy and prematurity have this in view. The difficulties, however, are very great. The opinion was at one time expressed that the neonatal mortality rate was never likely to be reduced below per 1,000 births, but recent discoveries on haemolytic diseases and the causes of some types of congenital abnormalities have shown the way to their prevention.

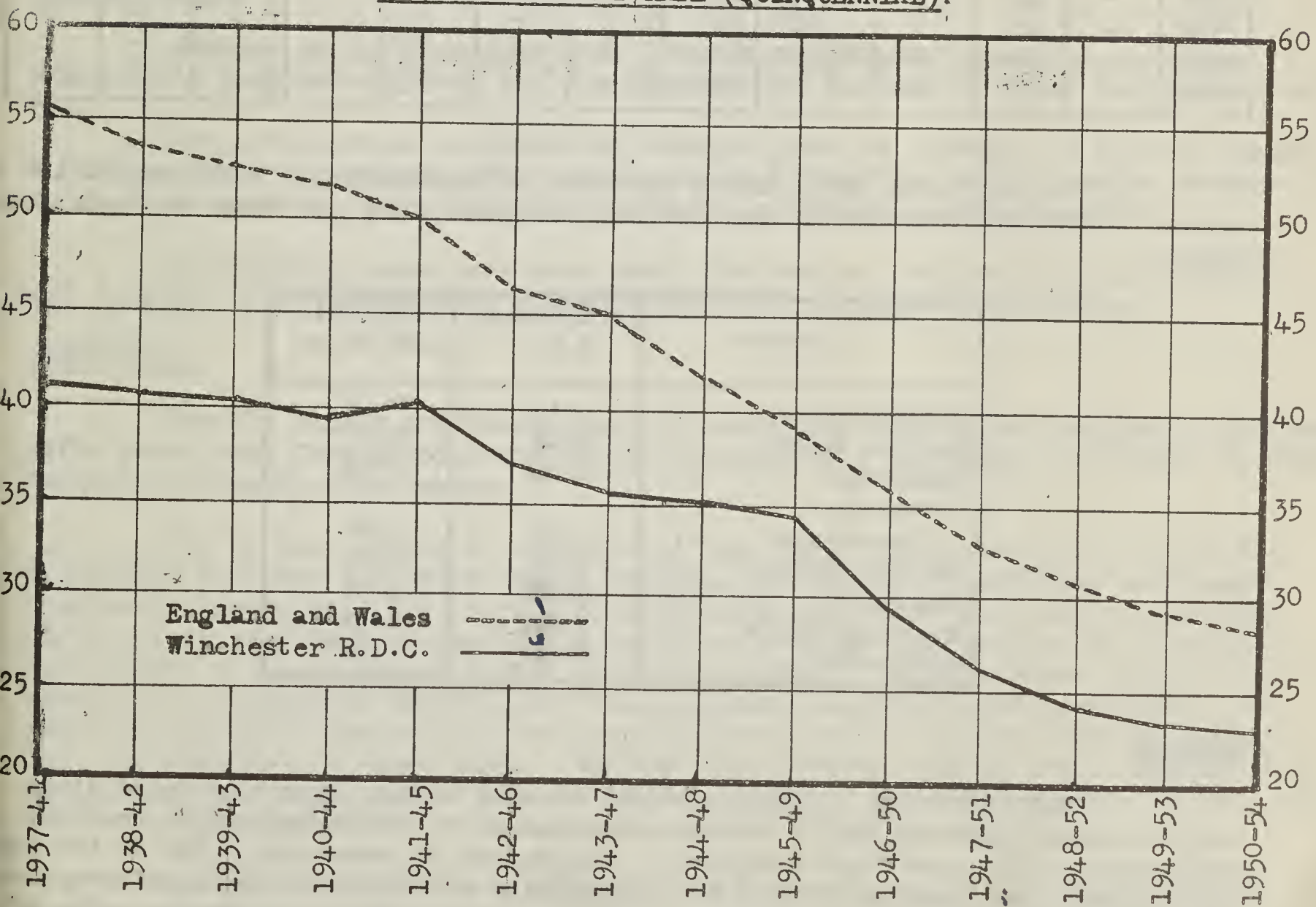
The death rate of infants under one year of age in this district was 24.2 per 1,000 live births, compared with 25.5 for England and Wales. As this rate is based on small numbers, comparison with other areas or earlier years may have little statistical significance. The same rate taken over a period of five years is considered reasonably reliable. The following table shows the rate since 1939 in this district compared with the rates in the great towns and the rates for England and Wales. The figures in brackets and the graph show the rate for the district as compared with England and Wales, each over a five year period:-



Year	Winchester R.D.C.	Great Towns	England and Wales
1939	35.6 (41.9)	53	50 (55.4)
1940	48.3 (40.7)	61	56 (53.6)
1941	46.5 (40.5)	71	60 (52.8)
1942	36.4 (39.2)	59	49 (52.0)
1943	35.8 (40.3)	58	49 (50.0)
1944	29.2 (37.1)	52	46 (46.6)
1945	53.7 (35.7)	54	46 (45.0)
1946	50.5 (35.2)	46	43 (42.0)
1947	29.3 (34.6)	47	41 (39.2)
1948	33.7 (29.0)	39	34 (36.0)
1949	25.8 (26.3)	37	32 (33.4)
1950	25.8 (24.1)	34	30 (30.8)
1951	16.8 (23.7)	34	30 (29.4)
1952	18.2 (23.4)	31	28 (28.2)
1953	31.8	31	27
1954	24.2		26

The average infant mortality rate in this district for the years 1900-1904 was 78.8.

#### INFANT MORTALITY RATE (QUINQUENNIAL).



# PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

## Incidence of Commoner Infectious Diseases since 1942.

Year	Diphtheria	Scarlet Fever	Pneumonia	Measles	Whooping Cough	Puerperal Pyrexia	Infantile Paralysis	Erysipelas	Enteric Fever	Cerebro-Spinal Fever	Ophthalmia Neonatorum	Dysentery
1942	4	57	16	1149	37	7	1	6	-	2	7	-
1943	2	63	27	562	142	10	2	17	-	-	6	2
1944	2	55	15	61	49	4	-	5	1	2	6	23
1945	2	49	23	675	115	3	1	8	-	1	1	1
1946	2	38	25	75	72	1	-	8	-	2	4	-
1947	-	27	18	448	49	1	11	6	-	-	3	-
1948	-	25	8	371	135	2	1	5	-	-	1	-
1949	1	27	21	634	91	-	6	1	-	-	1	-
1950	-	29	10	42	224	-	1	7	-	-	-	-
1951	-	12	13	1,044	195	1	-	4	-	1	-	26
1952	-	26	6	262	167	1	-	5	-	1	-	1
1953	-	55	11	1,323	154	2	6	2	-	1	-	2
1954	-	19	6	12	226	-	-	3	1	-	-	22

The following table shows the rate of incidence per 1,000 population of certain infectious diseases in the district compared with the whole of England and Wales:

Disease	Winchester R.D.C.	England and Wales
Diphtheria ... ..	nil	0.00
Scarlet Fever ... ..	0.44	0.97
Pneumonia ... ..	0.14	0.59
Infantile Paralysis..	nil	0.04
Enteric Fever ... ..	0.02	0.01
Measles ... ..	0.28	3.38
Whooping Cough ... ..	5.31	2.39
Erysipelas ... ..	0.06	0.12

### MEASLES.

Notifications in 1954 totalled 12, the lowest figure recorded since notifications began in 1940. It is understandable, following the epidemic of 1953, when 1,323 cases were notified. The number of cases per 1,000 of the population was 0.28 compared with 3.38 for England and Wales. The chief complication of measles is broncho-pneumonia, but damage to the eyes and otitis media often follow even a mild attack. As with whooping cough, these conditions can originate from an attack of measles, mild in itself, but with severe complicating disease.



Copies of notifications are sent as a routine to the County Council Health Visitor so that she may be in a position to advise. In time of epidemic and with her detailed knowledge of the families in the area, she can select those, who in her opinion, might benefit from advice.

### WHOOPING COUGH.

The figures show the highest incidence since notifications began in 1940. Parents view the condition now with more alarm than formerly and the rise in notifications can be partly ascribed to more seeking of medical advice under the National Health Service.

The incidence in the Rural District was 5.31 per 1,000 population compared with 2.39 for England and Wales. It is difficult to decide if the increase is absolute, but the calling of medical attention is a matter of satisfaction in that dangerous complications such as broncho-pneumonia and other diseases of the lungs may be averted. Even mild cases of whooping cough can have dangerous complications.

A scheme for the introduction in 1955 of whooping cough immunisation by the County Council is under consideration.

### SCARLET FEVER.

Numbers of notifications were lower than average. Very few cases are admitted to hospital and then not for nursing, but because of other factors in the home.

The procedure of notification enables steps to be taken to prevent spread. Action is taken to prevent risk to milk and food supplies, and to enable contacts to stay off work if their continuation would be likely to cause spread.

In general, cases have been mild; the rate of incidence in this district was 0.44 per 1,000 population, compared with 0.97 in England and Wales.

### DIPHTHERIA.

For the eighth successive year, no case has occurred in the rural district; fifty years ago, four cases, none fatal, occurred in a population of 8,974. In 1939, there were twenty-three cases.

Few of the parents of children in 1954 have seen or heard of a case of diphtheria and they therefore cannot estimate the degree of suffering and danger diphtheria can cause. It is thus becoming more difficult each year to convince parents that freedom from diphtheria can be maintained only so long as there is a high degree of immunisation in the child population. So far, there is no lack of response to propaganda methods, but this pressure requires to be continuous. By means of leaflets, posters and the personal persuasion of doctors and health visitors, the message is driven home. Periodically, slides showing local immunisation facilities, are displayed at cinemas in the district, the Abbey Cinema, Netley, and the Civic Cinema, Alresford, by kind arrangement with the managers.

During 1954, re-inforcing injections were offered to all children previously immunised; the figure for "boosts" is about the average for the preceding years. Maintenance of this immunisation state in the community is essential.

The estimated percentage of children under fifteen years of age immunised



in the district is 82.4. The vast majority are being treated before admission to school. The number of primary inoculations given to children of school age was 195; the aim is to secure that primary inoculations are given in pre-school years and, most desirable, before the end of the first year of life.

The following table shows the number of cases and the number of children immunised since 1940:

Year	Number of children immunised			Boosts	Number of cases	
	Primary		Winchester R.D.C.		England and Wales	
	Under 5	Over 5				Total
1940	71	24	95	-	5	46,281
1941	399	3,173	3,572	-	13	50,797
1942	423	468	911	-	4	41,404
1943	486	262	748	-	2	34,622
1944	481	220	701	-	2	23,199
1945	459	137	596	21	2	18,596
1946	491	322	813	38	2	11,986
1947	549	198	747	608	-	5,609
1948	754	254	1,008	1,510	-	3,575
1949	660	219	879	919	1	1,897
1950	639	116	755	824	-	1,980
1951	686	78	764	861	-	699
1952	672	117	789	1,020	-	375
1953	680	91	771	1,527	-	240
1954	632	195	827	1,122	-	182

Of the estimated child population under five years of age, 60.1 per cent have been immunised; of those between five and fifteen years, 95.7 per cent have been immunised.

#### Administration of the Scheme.

Pre-school children. A list of births is compiled from the returns of the registrars and from notifications of births sent to me by the County Medical Officer.

When a child reaches the age of six months, a card is sent to the parents containing information and advice on immunisation and a detachable consent card. Parents complete this card, stating whether they wish their child immunised by their own doctor or at a child welfare centre. Where their own doctor is preferred, details are sent to him requesting him to carry out this treatment. Where the parents wish to have the child immunised at a welfare centre, the details are sent to the doctor in charge of the centre; cards are returned to this office when the treatment has been completed.

School Children. At approximately yearly intervals, consent cards are sent to each school in the Rural District and distributed to the children. The cards are completed by the parents if they require the child to be immunised or to receive the single re-immunising dose. The cards are returned to the head teacher of the school and forwarded to the health department. Arrangements are then made for immunisation clinics to be held at the school.



## TUBERCULOSIS.

Tuberculosis is a notifiable disease. Practitioners may notify the Health Department on the appropriate form; in some cases the patient may remove into the district and this case is notified by the former local authority; sometimes the information comes indirectly. The majority of cases are notified by the practitioner, i.e. primary notifications.

The advantage of notification is that special attention can be given without delay; the house is visited by the tuberculosis visitor, who ascertains the contacts and the housing conditions. Provision is made for priority food for notified cases.

In cases of non-pulmonary tuberculosis, investigation may, if necessary, be carried out regarding the milk supply.

In England and Wales during 1954 the death rate from all types of tuberculosis was 0.18 per 1,000 population; in this district it was 0.04 per 1,000 population.

The following table refers to new cases, cases transferred to the district and mortality during the past six years:-

Year	New Cases					Transferred to District					Deaths				
	Pulmonary		Non-pulmonary		Total	Pulmonary		Non-pulmonary		Total	Pulmonary		Non-pulmonary		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
1949	21	9	3	4	37	11	1	-	1	13	4	4	2	1	11
1950	18	3	3	3	27	5	4	-	1	10	11	4	1	-	16
1951	12	17	5	5	39	8	2	-	2	12	6	1	1	2	10
1952	10	19	2	2	33	4	2	1	-	7	6	3	-	-	9
1953	13	16	3	1	33	6	7	1	1	15	5	3	-	-	8
1954	15	12	5	6	38	8	6	1	1	16	1	-	-	1	2

Notifications of new cases total 38; number of cases transferred to the district total 16. Figures are small and comparison possibly misleading. It is quite likely that notifications will show no fall when we consider how the use of Mass Miniature Radiography has brought to light many early cases which were previously unknown. Chemotherapeutic and other improved methods of treatment have reduced the mortality rates, but there has been no corresponding effect upon the incidence.

The number of new cases, according to age, notified during the year is shown in the following table:-



Age	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
Under 1 year .....	-	-	-	-	-
1 - 4 years .....	1	-	1	-	2
5 - 14 years .....	1	-	-	3	4
15 - 24 years .....	2	3	1	-	6
25 - 34 years .....	5	5	1	-	11
35 - 44 years .....	1	2	1	1	5
45 - 54 years .....	4	-	1	1	6
55 - 64 years .....	-	1	-	-	1
65 years and over..	1	1	-	1	3
Totals	15	12	5	6	38

The following table shows the position at 31st December, 1954, compared with the position at the 31st December, 1953; periodic scrutiny of the register is made to ensure as far as possible that the numbers are as accurate as possible; the criterion for removal from the register may be a matter of opinion.

	Pulmonary			Non-pulmonary			Total
	M.	F.	Total	M.	F.	Total	
Number on register at 31st December, 1953 ...	159	104	263	28	32	60	323
Additions during the year ... ..	23	18	41	6	7	13	54
Removals during the year ... ..	56	45	101	17	18	35	136
Number on register at 31st December, 1954 ...	126	77	203	17	21	38	241

In prevention, of the many preparations used for inoculation, only B.C.G., has been adopted on a wide scale. The Minister of Health has now indicated that he approves the extension of the arrangements to include the offering of B.C.G. vaccination to older school children.

The Sanitary Inspector and the Health Visitor play a large part in prevention, particularly in their emphasis on the domestic hygiene to be observed by the patient and in their effort to have all "contacts" of the case examined by the Chest Physician - and "contacts" are not limited to the family. In regard to treatment, there is at present little delay in obtaining a hospital bed when required. Rehousing plays its part in prevention and it should be recorded that the appropriate Committee have been active in rehousing those recommended. The task has been made no lighter by the influx of cases in the south from the Southampton district. With the expansion of industry in the Hamble area, such "transfers" are unavoidable and these cases are dealt with sympathetically by the Council.



## FOOD HYGIENE.

Little change has taken place in the propaganda methods employed to encourage clean food handling. In 1950, copies of the adopted model byelaws were circulated to all occupiers of food premises. Their purpose is to secure the "observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption, and in connection with the sale or exposure for sale in the open air of food intended for human consumption".

By means of letters, leaflets and adhesive labels, all incorporating advice, the essential points have been brought to the notice of the great majority of food handlers in the district.

There are four fundamentals for safe food service which should be observed by all responsible:-

1. Cleanliness of the food. Clean food may become dangerous food by contact with vermin and animals. It can become infected by handling, coughs, sneezes and use of dirty equipment. It requires protection at all its stages - in storing, in handling, in the course of preparation, when on display and in actual service.
2. Temperature of the food. Heat kills food poisoning germs. Much danger can be avoided by keeping hot foods hot and cold foods in a refrigerator. The danger lies in letting hot foods cool to room temperature - allowing it to stand for a number of hours, encouraging the growth of germs - and then serving. The second heating may destroy germs but not necessarily the poisons they have produced.
3. Clean Hands. If every time hands were soiled, they were washed, food poisoning would to a great extent disappear. Particularly does this apply after using the toilet. Dirty hands and nails can cause a great deal of trouble.
4. Clean Workers. Workers must not only be clean in themselves, but healthy. The smallest infected cut, boil or swelling can cause food poisoning. The dirty bandage is no protection; the water-proof occlusive bandage can do much to prevent.

If any of these four fundamentals are missing, food cannot be considered safe.

Many cases of food poisoning are never reported. When such trouble occurs in a family, no word is received and it is only when a number of people become ill that the outbreak comes to the notice of the health department. The housewife herself is often responsible for infecting her household and the same four fundamental principles should be observed as much by her as by the large scale caterer.

Exhortation by pamphlets must do some good, but more important by far is the personal influence of the individual health worker. By the use of tact, persuasion, common sense and patience, the sanitary inspector can do more good than enactments; in interviewing people in connection with incidents he has the invaluable opportunity of explaining simply how the trouble has occurred, how it could be prevented and what practical steps to take to ensure safety in future. I believe that there is a gradual improvement not only in the attitudes of managements and staff towards the problems of food hygiene, but also in the facilities made available on premises to secure cleanliness.



The following shows the number of food premises, etc. by type of business in the area:-

Cafes, etc. ....	44
General stores ..	93
Bakers ....	17
Butchers ...	16
Premises registered under Section 14, Food and Drugs Act, 1938:-	
Ice-cream ...	92
Preserved foods ...	27
Number of dairies registered under the Milk and Dairies Regulations, 1949 ...	13
Number of inspections of registered food premises ...	98

During the year under review, three cases of food poisoning were notified.

#### Method of Disposal of Condemned Food.

Fresh or imported meat under the weight of 50 lb. found to be unsound is cut up and sterilised for animal feeding. Larger quantities are returned to the Ministry of Food Distribution Depot at Winchester.

Canned food condemned is opened and removed for disposal by our own refuse collection staff.

#### CIVIL DEFENCE.

The Civil Defence Corps of the County has been re-organised with the appointment of Area Civil Defence Officers who have taken over the work of training for Ambulance Service, formerly devolving on this Council.

#### BYELAWS.

The following byelaws were in operation in this district as at 31st December 1954:-

<u>Series</u>	<u>Date of confirmation</u>
Tents, Vans and Sheds, etc. Byelaws ...	4th August, 1954
Byelaws for the Handling, Wrapping and Delivery of Food, etc. (Food and Drugs Act, 1938 - Section 15) ...	11th April, 1955
Byelaws for preventing waste, undue consumption, nuisance or contamination of water (Water Act, 1945, Section 17) ...	4th December, 1954
Building Byelaws under the Public Health Act, 1936 ...	27th May, 1953.

A N N U A L      R E P O R T

for the year 1954

by the

SENIOR SANITARY INSPECTOR

May, 1955.

To the Chairman and Members  
of the Health Committee,  
Winchester Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1954, showing the progress made in the field of environmental hygiene during the year.

The report has been drawn up on similar lines to last year.

It is again my pleasure to pay tribute to the staff for their willing assistance and to members of other departments for their co-operation in supplying information contained in this report.

I am,

Your obedient Servant,

FRANK HURST

Senior Sanitary Inspector.



## HOUSING.

### Housing Acts, 1936 - 1954.

The Housing Repairs and Rents Act came into operation on 30th August, 1954, setting in motion again procedure for the clearance of sub-standard property and financial inducements to house-owners to bring properties up to a reasonable standard of repair. The new Act has the possible effect of lowering standards which have been laboriously achieved throughout the years.

Certificates of Disrepair requested by tenants of rented properties under Section 25(1) of the Act amounted to only four before the closure of the year.

Greater use has been made by owners to modernise their properties with grants of public money under the Housing Act, 1949. Improvements mainly consist in the provision of drainage, bathrooms and hot water systems.

In the administration of the scheme, attention has been paid to see that all defects in the properties concerned are remedied at the same time as the improvements are effected, by close liaison between the Engineer and Surveyor's Department and the Sanitary Inspectors.

Applications for grants have again increased on the previous year. The following shows the number of applications for grants received and the number of grants made by the Ministry:-

Number of applications received during the year .....	56.
Number of grants made by the Ministry .....	45.

The Treasurer's Department informs me that the Council's proportion of grants issued in 1954 was £3,564. This amount is financed by a 20 year loan, the annual loan charge on which is £260.

### Temporary Building Structures.

Licences issued under Section 53 of the Public Health Act, 1936 for buildings constructed of short-lived materials used for human habitation are as follows:-

(a) Total number of licences approved .....	212
(b) Number renewed during the year .....	15
(c) Number of new licences granted during the year .....	nil.

# Clearance Areas and Individual Unfit Houses.

The following table shows the number of Demolition and Closing Orders issued and the number of defective or unfit houses rendered fit during the year:

CLEARANCE AREAS (Housing Act, 1936)		
Nil		
HOUSES NOT INCLUDED IN CLEARANCE AREAS		
DEMOLITION AND CLOSING ORDERS:-	Number of	
	Houses	Persons displaced
(1) <u>Housing Act, 1936:</u>		
(a) Houses demolished as a result of formal or informal procedure under Section 11 .....	1 <sup>+</sup>	nil
(b) Houses closed in pursuance of an undertaking given by the owners under Section 11, and still in force .....	3	nil
(c) Parts of buildings closed (Section 12) .....	nil	nil
(2) <u>Housing Act, 1949:</u>		
(a) Closing Orders made under Section 3(1) .....	nil	nil
(b) Demolition Orders determined and Closing Orders substituted under Section 3(2) .....	nil	nil
(3) <u>Local Government (Miscellaneous Provisions) Act, 1953:</u>		
Closing Orders made under Section 10(1) .....	nil	nil.
		Number of house
<u>REPAIRS.</u>		
<u>Informal Action</u>		
(4) Number of unfit or defective houses rendered fit during the year as a result of informal action by the local authority under the Public Health or Housing Acts .....	.....	26
<u>Action under Statutory Powers.</u>		
(5) <u>Public Health Acts:</u>		
Number of houses in which defects were remedied service of formal notices.		
(a) by owners .....	.....	nil
(b) by local authority in default of owners ...	.....	nil
(6) <u>Housing Act, 1936:</u>		
Number of houses made fit after service of formal notices (Sections, 9, 10, 11 and 16):		
(a) by owners .....	.....	nil
(b) by local authority in default of owners ...	.....	nil

+ Demolition Orders were made on another four houses but were not operative as at 31st December, 1954.



## Housing Allocation Scheme.

The number of applicants for housing accommodation at the end of the year was several hundreds less than at the end of 1953. The employees of the expanding factories in the south of the district present a problem, and a residence qualification of one year in the district is in operation. The Inspectorate examine closely the conditions under which applicants are living and the need factor is still the yardstick by which the Housing Committee judge priority.

Statistics are as follows:-

- (a) New Council houses and flats occupied  
during the year ... .. 483
- (b) Number of agricultural workers  
allocated houses during the year ... nil
- (c) Number of families rehoused from  
camp hutments ... .. 69
- (d) Number of "live" applications for accomm-  
odation as at 31st December, 1954 ... 1,380

## Provision of New Houses.

343 houses and 140 flats have been erected for the Council in the under-mentioned parishes during the year, as follows:-

	<u>Houses</u>	<u>Flats</u>		<u>Houses</u>
Bursledon .....	224	84	Wonston .....	6
West End .....	54	32	Compton .....	4
Hamble .....	8	20	Owslebury .....	3
Hound .....	2	4	Cheriton .....	2
New Alresford .....	38	-	Hedge End .....	2

In addition, 179 houses were erected by private enterprise, as follows:-

West End .....	49	Kings Worthy .....	3
Compton .....	31	Micheldever .....	3
Hedge End .....	19	Colden Common .....	2
Crawley .....	10	Hamble .....	2
Otterbourne .....	8	Itchen Stoke .....	2
Bursledon .....	7	Twyford .....	2
Botley .....	7	Bishops Sutton .....	1
Hound .....	6	Bramdean .....	1
Fair Oak .....	5	Headbourne Worthy ...	1
Bighton .....	4	Hursley .....	1
Itchen Valley .....	4	Littleton .....	1
New Alresford .....	4	Old Alresford .....	1
Wonston .....	4	Sparsholt .....	1

The following table shows the number of houses built for the Council since the end of the war and the number of huts now in occupation:

Parish	Tradit- ional	Non- tradit- ional	Flats	Prefabs	Total	Huts
Bishops Sutton .....	4	-	-	-	4	-
Bighton .....	4	-	-	-	4	-
Bramdean .....	10	10	-	-	20	-
Cheriton .....	6	6	-	-	12	-
Itchen Stoke and Ovington .....	6	-	-	-	6	-
Itchen Valley .....	10	-	-	-	10	-
Kilmeston ... ..	6	-	-	-	6	-
New Alresford .....	114	-	-	10	124	2
Old Alresford .....	10	10	-	-	20	-
Golden Common .....	14	26	-	8	48	-
Compton .....	18	-	-	-	18	-
Crawley .....	8	-	-	-	8	-
Hursley .....	6	-	-	-	6	-
King's Worthy .....	88	28	-	115	231	3
Littleton ... ..	8	-	-	-	8	-
Micheldever . . . . .	10	8	9	-	27	1
Otterbourne . . . . .	18	6	-	-	24	-
Owslebury ... ..	23	2	-	-	25	-
Sparsholt ... ..	36	-	-	-	36	-
Twyford .....	16	12	12	-	40	-
Wonston .....	24	-	-	-	24	-
Botley .....	48	-	-	-	48	4 +
Bursledon ... ..	42	216	84	-	342	60
Fair Oak .....	64	12	-	-	76	-
Hamble .....	42	50	20	50	162	-
Hedge End ... ..	94	26	-	20	140	14 +
Hound .....	120	77	4	62	263	-
West End ....	114	-	32	-	146	-
Totals .....	963	489	161	265	1,878	84

+ Rest Centre Huts.

#### Ex-military Camps.

The occupation of ex-military huts for family purposes has been regarded as most unsatisfactory by the Health Department and only the necessity of the circumstances has allowed them to remain for so long as dwellings. It is very pleasing to note that during the year 74 of these hutments have been demolished or put to some other use than for living purposes.

The following table shows the number and type of huts still occupied in the various camps:-



Camp	Nissen	Orlit	Cement concrete	Total
Worthy Park, Kings Worthy ...	3	-	-	3
Micheldever Station ...	1	-	-	1
N.F.S. Huts, Alresford ...	-	-	2	2
The Cricket, Bursledon ...	6	54	-	60

### Moveable Dwellings.

Caravans still seem to be in demand as makeshift housing accommodation and applications have been received from site promoters to increase the accommodation on their sites. There does seem evidence for tighter control to be exercised where caravans are used permanently for families of young children. Even with a high standard of services on the site, caravanners are unable to enjoy the same facilities as householders in towns and villages.

The number of licences for individual sites issued during the year was nine.

The Council Caravan Camp at Shamblehurst Lane, Hedge End, has at present twenty-five caravans on the site.

The number of caravan sites in respect of which licences have been issued by the Council under Section 269 of the Public Health Act, 1936, is as follows:-

Winchester R.D.C. Caravan Site, Shamblehurst Lane, Hedge End ... ..	45	caravans.
Tripps End Caravan Site, Hammerton Farm, Hedge End	30	"
Primrose Caravan Site, St. Helens Road, Hedge End	24	"
Brickfields Caravan Site, Colden Common ... ..	24	"
Spring Lane Caravan Site, Colden Common ... ..	16	"
Market Gardens Caravan Site, Olivers Battery ... ..	12	"
South Drive Caravan Site, Littleton ... ..	7	"
Taylor's Caravan Site, Sutton Scotney ... ..	18	"
Barney's Caravan Site, Crowd Hill, Fair Oak ... ..	12	"
Spicer's Caravan Camp, Hedge End ... ..	5	"
The Gorse Caravan Site, Colden Common ... ..	3	"
Caravan Site, Hampshire County Council Farm Institute, Sparsholt ... ..	3	"

### WATER SUPPLY.

The Southampton Corporation water mains supply the parishes in the southern part of the district and Winchester Corporation mains, together with the Crabwood Water Company, supply water in the central parishes north of Winchester; the further northern and eastern parishes are supplied from the Totford water scheme.

The following shows the results of recent bacteriological and chemical examinations of the water from the Totford supply:-

"

Bacteriological Examination Report.

Probable number of coliform bacilli,

MacConkey, 2 days, 37 C. ... .. NIL per 100 ml.

Probable number of faecal coli ... .. NIL per 100 ml.

Remarks: Very satisfactory.

(Sgd) H.T. FINDLAY"

"

Chemical Examination Report.

Physical Characters

Appearance: Clear and bright.

Odour and taste: Normal

Reaction pH: 7.5

Microscopical appearance: Mineral matter and organic debris present. No moving organisms.

Chemical Results in parts per million.

Total solids dried at 180°C:	...	314	Ammoniacal Nitrogen	...	0.002
Chlorine in Chlorides	...	14	Albuminoid Nitrogen	...	0.014
Alkalinity as CaCO <sub>3</sub>	...	240	Phosphates	...	Absent
Sulphates as SO <sub>4</sub>	...	Present	Iron	...	Absent
Nitrate Nitrogen as N.	...	4.5	Lead	...	Absent
Oxygen absorbed from N/80			Zinc	...	Absent
permanganate in 4 hours at 27°C.		Nil	Copper	...	Absent

Hardness as CaCO <sub>3</sub>	( Total	..... 17.5° )	Clark's	250	}	Parts per million
	( Temporary	... 14.3° )		204		
	( Permanent	... 3.2° )		46		
			Scale			

Report: Chemically this water is satisfactory.

(Sgd) R. WATRIDGE

Public Analyst."

The Council's Water Engineer reports as follows:-

"

The Statutory Water Supply Area of the Council consisting of the fourteen parishes of Beauworth, Bighton, Bishops Sutton, Bramdean, Cheriton, Itchen Stoke and Ovington, Kilminster, Micheldever, New Alresford, Northington, Old Alresford, Owslebury, Tichborne and Wonston, is now widely served by water mains, in size from 12" downwards and totalling 55 miles.

For the parish of Owslebury, water is purchased in bulk from Southampton Corporation under an agreement of guarantee and totalled 4,608,660 gallons for the past year; this water is pumped to the Council's reservoir, with a storage of 50,000 gallons. Part of the parish of Wonston (South Wonston) is supplied



from Winchester Corporation on similar terms as for Southampton Corporation; the parish of Tichborne is supplied in bulk from a privately owned source, totalling 1,103,808 gallons for the past year.

The remainder of the area of eleven parishes and part of the parish of Wonston, derives its water from the Council's own pumping station at Totford and the water is stored in two reservoirs with a total capacity of 600,000 gallons. In addition to supplying these parishes the Totford source also affords a bulk supply to the Andover Rural District Council, totalling 7,002,100 gallons in the past year.

Various additions have been made to the original schemes including a mains extension at Hensting Lane, Owslebury, two extensions in the Goscombe Lane area of Bishops Sutton, and several for new housing schemes sites in Owslebury and New Alresford. In the past year further extensions were made in the parishes of Kilmeston and Beauworth, one of these being a boosted supply. The total capital expenditure to date is £256,000.

Work is being started in the near future on mains extensions for housing schemes in New Alresford and Owslebury. Further schemes are scheduled to be carried out to link Alresford to Tichborne and Ovington (and thus do away with the necessity of purchasing water from a private source) and also to link Hunton to the Micheldever Station area (this will be a boosted supply).

When the area is fully served, it is estimated that the population to which mains water will be available will exceed 9,000. At the present time the number of domestic consumers is estimated at 5,300 and the number of metered supplies is 266. The total quantity of water for the past year supplied from the Council's boreholes at Totford is 82,455,500 gallons."

-----

Samples of well-water supplying 59 individual properties were subjected to bacteriological examination during the year and resulted as follows:-

Number found to be satisfactory .....	48.
Number found to be unsatisfactory .....	11.

Where the source of water was found to be unsatisfactory, alternative supplies were arranged, a piped supply of water from company mains provided or protection given to the well to prevent ingress of surface water.

Samples for bacteriological examination of all public and private water companies have been submitted periodically during the year and have been found to be satisfactory.



The following table shows the number of houses in each parish provided with a main water supply at the end of the year:

Parish	Number of houses	Mains Supply		Percentage on main supply.
		Direct to houses.	Standpipe supply.	
Abbotts Barton ...	9	7	-	77
Beauworth ...	39	14	-	33
Bighton ...	60	26	-	43
Bishops Sutton ...	175	65	-	37
Botley ...	425	381	-	89
Bramdean ...	178	47	-	26
Bursledon ...	899	832	-	92
Cheriton ...	186	78	-	41
Chilcombe ...	33	22	-	66
Colden Common ...	407	387	-	95
Compton ...	447	443	-	99
Crawley ...	145	134	-	92
Fair Oak ...	472	454	-	96
Hamble ...	800	775	-	97
Headbourne Worthy..	89	68	-	75
Hedge End ...	909	801	-	88
Hound ...	1,267	1,197	-	95
Hursley ...	268	201	9	81
Itchen Stoke and Ovington ...	94	-	-	-
Itchen Valley ...	405	283	-	70
Kilmeston ...	77	36	-	46
King's Worthy ...	588	574	-	98
Littleton ...	211	137	-	65
Micheldever ...	384	145	-	38
New Alresford ...	648	629	-	97
Northington ...	80	45	-	54
Old Alresford ...	152	65	-	43
Otterbourne ...	214	202	-	95
Owslebury ...	222	100	-	45
Sparsholt ...	205	187	-	91
Tichborne ...	78	28	-	36
Twyford ...	499	486	-	97
West End ...	846	816	-	96
Wonston ...	385	162	-	42
Totals ...	11,876	9,827	9	83

#### DRAINAGE AND SEWERAGE.

Extension of sewers at Moorgreen Road, West End, were commenced during the year to serve 26 properties.

At Otterbourne Hill, Park Lane sewer has been extended and taken over by the Council under Section 17, Public Health Act, 1936. This sewer connects

with the Boyatts Lane sewer in Eastleigh Borough.

The schemes for sewerage Botley, Hedge End and Bursledon have been approved by the Ministry, but commencement of the work has had to be held in abeyance till next year.

Plans have been prepared for the sewerage of Fair Oak Village.

A further eleven properties have been connected to the West End sewerage system during the year.

### INSPECTION AND SUPERVISION OF FOOD.

#### (a) Milk.

During the year renewals of licences issued by this Council were as follows:-

Licences to pasteurise milk .....	2.
Dealers' licences for pasteurised milk .....	7.
Dealers' licences for tuberculin tested milk .....	6.
Supplementary licences for pasteurised milk .....	9.
Supplementary licences for tuberculin tested milk..	9.
Supplementary licences for sterilised milk .....	3.

Routine sampling of pasteurised milk and heat-treated milk was carried out as shown:-

		<u>Number of samples</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Pasteurised .....		37	33	4
Heat-treated .....		-	-	-

#### (b) Meat and Other Foods.

Details of meat and other foods inspected at retail shops and depots and condemned as unsound during the year were as follows:-

<u>Meat</u> ----		<u>Canned Foods.</u> -----		lbs.	ozs.
Beef .....	91 lbs.	Meat .....		51	0
Mutton .....	88 lbs.	Fruit .....		14	3
Pork .....	54 lbs.	Vegetables .....		8	14
Liver .....	3 lbs.	Fish .....		6	2
		Milk .....		14½	pints.
		Cream .....		1¾	pints.
<u>Other Foods.</u> -----				lbs.	ozs.
Butter .....	25 0	Tomato juice .....		7	0
Marzipan .....	15 8	Lemon curd .....		-	14
Fish .....	14 0	Orange juice .....		2½	pints.
Jam .....	8 0				



## Sampling of Food.

The Hampshire County Council is the sampling authority under the Food Drugs Acts, 1938-50. Details of substances sampled within this district during the year by their Chief Inspector are as follows:-

<u>Article</u>	<u>Samples taken</u>	
	<u>Genuine</u>	<u>Unsatisfactory.</u>
Butter and other fats .....	4	-
Meat products .....	8	-
Milk .....	113	2
Drugs .....	2	1
Spirits ... ..	8	-
Other foods .....	15	1
Totals .....	<u>150</u>	<u>4</u>

The 113 samples of milk contained an average of 4.09% milk fat and 8.82% non-fatty solids. The two unsatisfactory samples were taken with two other samples of the same consignment contained in four churns, the average quality of the whole consignment being 3.82% milk fat and 8.37% non-fatty solids.

An informal sample of Sol Valatile was certified satisfactory as regards Ammonium Carbonate but somewhat deficient in free ammonia.

The Analyst found a portion of plum present in a sample submitted as a sample of strawberry jam; a further sample of this jam made by the same manufacturers and taken from a sealed tin proved to be genuine strawberry jam.

## Ice-cream premises.

The number of premises registered for the sale of ice-cream in the district at the end of the year was 92. Periodical inspections and sampling where necessary have been carried out.

The number of new registrations during the year under Section 14 of the Food and Drugs Act, 1938, was as follows:-

- (a) Sale of pre-packed ice-cream only ..... 9.
- (b) Sale of bulk ice-cream only ..... nil.
- (c) Sale of pre-packed and bulk ice-cream ..... nil.

Samples of ice-cream manufactured in the district have been periodically sampled and found to be satisfactory.



### RODENT CONTROL.

The control of the rat population on agricultural land is a very important factor in the prevention of major infestations of rats on business and private dwellings in the villages during the Autumn.

Our Agricultural Rodent Inspector is engaged in visiting the farms throughout the year to ensure that agriculturalists are putting into operation effective measures for destroying rats in accordance with the provisions of the Prevention of Damage by Pests Act, 1949.

The following table shows the number of inspections and treatments carried out by our operatives on the various types of properties:-

Type of property	Inspections made	Treatments carried out by arrangements with occupiers		Under Sec.5	Number of block treatments
		Rats	Mice		
Local Authorities' properties ...	32	28	-	-	-
Dwelling-houses ) Business premises ) ...	13,561	2,249	14	-	136
Agricultural properties	402	127	-	-	-
Totals ...	13,995	2,404	14	-	136

Number of dead rats found ..... 4,390.

### FACTORIES ACT, 1937.

The following table shows the number of inspections carried out and the number of notices served during the year:

Premises	Number on register	Number of inspections	Number of written notices	Occupiers prosecuted
Factories (with mechanical power) .....	125	36	2	-
Factories (without mechanical power) .....	29	1	1	-
Other premises under the Act (including works of building construction, but not including outworkers' premises) ....	-	-	-	-
Totals .....	154	37	3	-

# SUMMARY OF VISITS AND INSPECTIONS.

The following table shows the number of visits and inspections carried out during the year under the various Acts and Statutory Regulations:

Statute	Nature of visit	Number of inspections	
Milk and Dairies Regulations.	Inspections for re-construction, alterations and conditions of cleanliness	24	
Factories Act, 1937	Examination of means of escape in case of fire ... ..	2	
	Routine inspections ... ..	37	
Shops Act, 1934	Inspections of premises ... ..	22	
Food and Drugs Act, 1938	Inspections of premises ... ..	98	
Housing Acts, 1936 - 1954.	(a) Houses inspected in respect of essential repairs ... ..	266	
	(b) Re-inspections of premises ... ..	24	
	(c) Investigation of housing applications	860	
	(d) Number of dwelling-houses found not to be in all respects fit for human habitation ... ..		30
	(e) Defects remedied during the year without service of formal notice in consequence of informal action by the Council or their officers ..		26
	(f) Action under statutory powers under the Public Health and Housing Acts - number of dwelling houses in respect of which formal notices were served requiring repairs ...		nil
Public Health Act, 1936	(a) Inspections of premises ... ..	110	
	(b) Nuisances found and remedied ..	90	
	(c) Re-inspections ... ..	321	
	(d) Inspections in connection with water supplies ... ..	180	
	(e) Visits and disinfections in connection with notifiable diseases ...	83	
	(f) Drainage inspections ... ..	634	
Rodent Control	Number of inspections ... ..	13,995	
	Interviews ... ..	504	
	Total ... ..	17,250	